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	PATENT APPLICATION FEE DETERMINATION RE Substitute for Form PTO-875							09/4	37,24	<u> </u>	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL E	NTITY	.)į.	OTHER THAN Shired St.		
	FOR	NUMBE	R FILED	NUMBE	REXTRA	RATE	FEE		RATE	111	
	C FEE (FR 1.16(a))			<u> </u>		\$	OR		Ė		
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	GIV II (GI)			+ 5 =		OR	+5 -				
	ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) (the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OF.	LOTAL			
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		(Column 1)			(Column 3)	SMALL E	NTITY	Oh -	SMALL		
ΑŢ		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RAIE	Ala. FOLGI	
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NT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI: TIONAL FEE		RATE	ADO BOKAL 111	
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7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =	<u> </u>	OR.	TOTAL	<u> </u>	
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"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box at coloring.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public whach is to five large as the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. As perdurant is on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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								Application or Docket Number				
	PATENT A	PPLICATIO Effectiv	ID .		09/637,242							
		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY							
FOR NUMBER FILED NUMBER E					XTRA	RA	ΓĘ	FEE		RATE	FEE	
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то	TAL CLAIMS		minus 2	:0= ·			X\$ 9=		OR	X\$18=		
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MU	MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=		
• 16	* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL 1/4		OR	TOTAL		
[CLAIMS AS AMENDED - PART II										THAN	
L	(Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	SMALL	NTITY	
AMENDMENTA	8	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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坚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45	OR	F	 	
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1 "	If the "Highest Nu	mber Previously	Paid For IN TH	umn 2, write "0" in c IIS SPACE is less th	an 20, enter "20.	ADDIT	OTAL FEE	43	OR	ADDIT. FEE		
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